Veterinary Medical Board



APPLICATION FOR VETERINARY EXAMINATION ELIGIBILITY

Please type or print legibly				For Office Use Only							
	Fee Application Fee (Required for all applicants) \$ 65.	00	\$65.00	Receip	nt No		Date Cashiered				
				Keceip	NO		Date Casilleleu	·····			
1.	I wish to be apply for the following:										
	NAVLE (North American Vet. Licensing Exam)	No fee									
	CA State Board (CSB) \$140.	00									
	Intern/Resident Temporary Application										
	Veterinary Law Examination (VLE) \$ 35.	00									
	Fingerprint Card \$ 42.	00									
	Total Submitt	ed									
Ple	ase remit fee by check or money order paya	able the VN	IB.								
2.	Disclosure of your United States social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure, per Section 4846 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.										
	<u></u>										
3.	Full name: Last Fir	st	Middle				Birthdate (month/day/year)				
5.	Current Mailing Address: Street and Number		City		State	Zip Code	Phone No Area ()				
6.	Permanent Residence Address: Street and Num	ber	City		State	Zip Code	Phone No Area ()				
7.	Veterinary College or University	l				1					
			landanaa								
	Name and Location of Institution		tendance	Cour		rse	Date of Graduation	Degree Received			
		From	То								
	Graduates should attach a photocopy of their d	inloma no l a	rger than	816" v 11"	to the anni	lication					
		ipioina no ic	inger trium	0/2 X 11	to the appl	illoution.					
8.	My physical description is as follows:										
	Hair Eyes										
	Height Weight						ATTACH PI	HOTO HERE			
		Photo must be the same size as this box (2" x 21/4").									
	I hereby declare that the attached photo was ta										
							Do <u>not</u>	staple.			
	Signature of Candidate										
							I				

WWW Form (OVER)

9.	In what other states have you been or a	e you currently	y licensed? Written cert	ification of license status from those	state boards	is required.				
	State	License#	Date Issued	Specify If By Exam Or On Credentials		Period of Practice				
10.	Have you ever had your license to practice veterinary medicine revoked, suspended, or other discipline imposed by another state or territory where you hold or have held a license to practice veterinary medicine in that state or territory? Yes No									
	If you answered yes , please specify state, date, charge, and circumstances:									
	-									
11.	Have you been convicted of or pled nolo States, or a foreign country?	contendere to	any violation of any lav	of any state, the United	☐ Yes	□ No				
	If you answered yes , please explain fully:									
	You must list any misdemeanor, felor or under any other provision of law. court documents.	ny, or convict A separate le	ion that has been se etter explaining the c	t aside and dismissed under Sect letails of the offense is also requ	ion 1203.4 oi iired in addit	f the Penal Code ion to certified				
12.	Have you ever applied to take a veterinar	y examination i	in California?		☐ Yes	□ No				
	If you answered yes , please list date(s):									
13.	Have you ever applied to take or taken the	e NBE, CCT, or	NAVLE in any state(s)	other than California?	☐ Yes	□ No				
	If you answered yes , please list all dates and respective state(s):									
	NBE		C0	т						
		TO BE COMP	I ETED BY PECIPEOCI	TYAPPLICANTS ONLY						
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14.	Applicants for licensure by reciprocity m	ust complete t	ne following question:							
	As a licensed veterinarian, have you be	een licensed a	nd practicing full time for	or at least four years out of the	☐ Yes	□ No				
	last five years immediately preceding fi	lifornia?								
15.	15. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.									
	Signature of Applicant	 		Date						
	CERTIFICATION SIGNATURE AND DATE	REQUIRED O	F <i>ALL</i> APPLICANTS.							